PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Numbe First Named Inventor	r PHUS040124 Thomas Allen Solosko		
		COMPLETE IF KNOWN			
		Application Number	1		
OR	☐Declaration	Filing Date			
Filing (surcharge (37 CFR 1.16 (e)) required)	Filing (surcharge	Group Art Unit			
	Examiner Name				
	DE:	DESIGN IT APPLICATION IT CFR 1.63) Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	First Named Inventor DESIGN TAPPLICATION TOFR 1.63) Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) First Named Inventor COMI Application Number Filing Date Group Art Unit		

	As a below named inventor, I hereby declare that:							
	My residence, post office address, and citizenship are as stated below next to my name.							
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
	EXTERNAL DEFIBRILLATOR TRAINING APPARATUS AND METHOD							
	the specification of which (Title of the Invention)							
	OR							
	was filed on (MM/DD	/YYYY)	as United States Ap	plication Number o	r PCT Internationa	1		
Αŗ	Application Number and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Р	rior Foreign Application	_	Foreign Filing Date	Priority	Certified Copy	Attached?		
Number(s)		Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO		
Γ	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

. <u> </u>	tomer Number ar Code Label	28159 OF		OR	Correspondance address below	
Philips Electronics North America Corporation Name						
Address						
City	State			ZII	P	
U.S.A.		425-48		_	425-487-8135	
Country		Telepl			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor						
Given Name Thomas Alle (first and middle [if any])	en	Family Name Solosko or Surname			ko	
Inventor's Signature Thomas Allen John Date 03/12/84					03/12/04	
Issaquah	WA	WA US			US	
Residence: City	State	<u> </u>	Country		Citizenship	
P. O. Box 3003						
Mailing Address						
Bothell	WA		98041-	-3003	US	
City	State	<u> </u>	Zip		Country	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name Hans Patrick (first and middle [if any])	y anning reason					
Inventor's Signature Constitution of the state of the sta	h	ies	<u> </u>	Date 🥕	100CH 15, 2004	
Bainbridge Island			us		us	
Residence: City)	Country		Citizenship	
P. O. Box 3003						
Mailing Address						
Bothell			98041-3003		US	
City	State)	Zip		Country	
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

PTO/SB/02A (08-03)

Approved for use through 08/31/2003. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIO Supplemen	NAL INVENTOR(S ntal Sheet	•	1 of _1	
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)			Family Name or Surname			
James Adkins			Froman			
Inventor's Signature James A James			Date 3-12-			
Issaquah Residence: City	WA State	US Country		US (Citizenship		
P. O. Box 3003 Mailing Address						
Mailing Address						
Bothell	WA	98041-3003		US		
City	State	zip		Country		
Name of Additional Joint Inventor, if any:	Name of Additional Joint Inventor, if any:					
Given Name (first and middle (if any)			Family Name or Surname			
Thomas Dean		Lyster				
Inventor's Signature Wans Salar			Date MAR IZ ZOO4			
Bothell Residence: City	WA State		US Country		US Citizenship	
P. O. Box 3003 Mailing Address						
Mailing Address						
Bothell City	WA State		98041-3003 Zip	US Country		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					ventor	
Given Name (first and middle (if any)		Family Name or Surname				
	Ì					
Inventor's Signature		Date				
Residence: City State		Country Citize		Citizenship		
Mailing Address						
Mailing Address						
City	State		Zip	Country	·	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.